

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007016

FILED
Mar 25, 2003
Secretary of State

Entity Name: CALVARY CHAPEL ORMOND BEACH, INC.

Current Principal Place of Business:

2 SEA SIDE COURT
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

2 SEA SIDE COURT
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-3547258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHARP, DAVID P
2 SEA SIDE COURT
PALM COAST, FL 32164

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: SHARP, DAVID P
Address: 2 SEA SIDE COURT
City-St-Zip: PALM COAST, FL 32164

Title: D () Delete
Name: LAMPE, BRUCE
Address: 18 WINCHESTER RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SANNICANDRO, MIKE
Address: 20 AZALEA DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: --- () Change (X) Addition
Name: _____, _____
Address: _____
City-St-Zip: _____, -- _____

Title: --- () Change (X) Addition
Name: _____, _____
Address: _____
City-St-Zip: _____, -- _____

Title: D () Change (X) Addition
Name: MATHENEY, NATHAN
Address: 94 COVINGTON LANE
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. SHARP

P,D

03/25/2003

Electronic Signature of Signing Officer or Director

_____ Date